

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025299

Entity Name: JOLLY BAY, LLC

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

146 SHADY LANE
FREEPORT, FL 32439

New Principal Place of Business:

132 EMERALD RIDGE
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

146 SHADY LANE
FREEPORT, FL 32439

New Mailing Address:

132 EMERALD RIDGE
SANTA ROSA BEACH, FL 32459

FEI Number: 51-0625623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, KIMBERLY
146 SHADY LANE
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

MAXWELL, KIMBERLY
132 EMERALD RIDGE
SANTA ROSA BEACH, FL 32459 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: POST, CARL
Address: 146 SHADY LANE
City-St-Zip: FREEPORT, FL 32439

Title: MS. () Delete
Name: MAXWELL, KIMBERLY
Address: 146 SHADY LANE
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES:

Title: MR. (X) Change () Addition
Name: POST, CARL
Address: 132 EMERALD RIDGE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MS. (X) Change () Addition
Name: MAXWELL, KIMBERLY
Address: 132 EMERALD RIDGE
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARL POST

PART

04/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date